PLANNED EVENT APPLICATION

Application must be received two week prior to event
Incomplete applications will not be approved & returned to the event organizer.

Date of Application: _____
Contact Name: _____
Phone Number: _____
Organization: _____
Organization Address: _____
City, State: _____
Zip: _____

Request permission to perform the following closings on State Highway -
Describe the event, date, & proposed closings below.

_____
_____
_____
_____
_____
_____
_____

Event Contact Information for day of the event

Contact Name (Day of Event): _____
Primary Contact Phone Number (Day of Event): _____
Secondary Contact Phone Number (Day of Event): _____

Traffic Control Information

Who is your Traffic Control Provider?: _____
Type of traffic control devices (Signs, patrol units, barricades, cones, flaggers, etc.)**:** _____
Number of Changeable Message Signs Provided: _____
Changeable Message Sign modem access number: _____
Changeable Message Sign Location(s): _____

Changeable Message Sign Language Displayed

_____
_____
_____

Traffic Impact Statement
Describe what level of community resources are being utilized to assist in support of this event:

_____
_____
_____
_____

Briefly describe how public / motorist will be impacted during this event:

_____
_____
_____
_____

ADVERTISING POLICY

NO event advertisements are allowed on MoDOT right of way from temporary signing up to & including messages displayed on changeable message signs. Changeable message signs can be utilized **ONLY** to provide necessary traffic direction & not to advertise for the event.